Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3/24/03.

## I. DISPUTE

Whether there should be reimbursement for injection substance - 62289, injection procedure – 62284, injection other - 62279, spinal radiological examination - 72100-26 dated 10/15/02 and denied as "G" – global to other services.

## II. RATIONALE

DOS	CPT	Billed	Paid	EOB	MAR\$	Reference	Rationale
	CODE			Denial	(Maximum		
				Code	Allowable		
					Reimbursement)		
10/15/02	62289	\$360.00	\$00.00	G	263.00	MFG, Surgery Ground Rules (II)(A)	The carrier denied reimbursement as global. However, these are starred procedures; therefore, the global fee concept cannot be applied. On this basis, reimbursement in the amount of MAR (\$263.00) is recommended.
	62284	\$303.00	\$00.00	G	303.00	See above.	See above. A \$303.00 reimbursement is recommended.
	62279	\$270.00	\$00.00	G	101.00	MFG, SGR (I)(E)(4)(d)	Documentation shows that only one puncture site was made and multiple medications injected. This code is a separate procedure/puncture that was not performed, therefore it is not reimbursable.
	72100-26	\$50.00	\$00.00	G	56.00	CPT code descriptor	The carrier failed to identify the service to which this disputed service is global. On this basis, this service will be reviewed per the Medical Fee Guideline. This service is not global to any other procedure. Reimbursement in the amount of \$22.00 is recommended.
TOTAL		\$983.00	\$00.00				The requestor is entitled to reimbursement of \$588.00.

## III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 62289, 62284, 62279 and 72100 26 in the amount of **\$588.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$588.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 24th day of September\_\_\_, 2004.

Noel L. Beavers Medical Dispute Resolution Officer Medical Review Division

NLB/nlb